

# Work Order ID 109917

December-05-13 2:36:05 PM

Item ID: 646.3313

Revision ID:

Item Name: Upper Guide

Start Date: 12/05/13 Start Qty: 20.00 \*20\*

Required Date: 12/19/13 Req'd Qty: 20.00 \*20\*

Reference:

Approvals: Process Plan: MLJ Date: 13-12-05

QC: \_\_\_\_\_ Date: \_\_\_\_\_

Sequence ID/  
Work Center ID

Operation  
Description

Draw Nbr Revision Nbr

646.3300 N/C

100

\*100\*

Bandsaw

Jeaspa Bandsaw

BAND SAW

Memo

Cut Blak at 13.500"

\*\*\* ONE BLANK MAKES TWO PARTS \*\*\*

110

\*110\*

HAAS 1

HAAS CNC vertical machine #1

HAAS CNC VERTICAL MACHINING #1

Memo

1-Machine per folio FB152

DWG REV: N/C

FOLIO REV: 44

2- deburr and break all sharp edges

\*109917\*

Page 1

Accept

\*N900040100\*

Setup Start \*NS1\*

Stop \*NS2\*

Cust Item ID:

Customer:

Run Start \*NR1\*

Stop \*NR2\*

Tooling:

Date:

SPC (Y/N):

Date:

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

0.00

0.00

0.00

0.00

14/04/09

OK 14/04/13

20

20

DAS  
14  
9-89

DAS  
14  
9-89

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other
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Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_

QC: \_\_\_\_\_ Date: \_\_\_\_\_

Sequence ID/  
Work Center ID

Operation  
Description

120

QC2- Inspect parts off machine FAI/FAIB

\*120\*

QC

Memo

Quality Control

130

QC8- Inspect parts - second check

\*130\*

QC

Memo

Quality Control

131

\*131\*

HandFinish

Hand Finishing

Memo

CLEAN AND REMOVE ALL PART MARKING

\*109917\*

Page 2

Accept

\*N900040100\*

Setup Start \*NS1\*

Stop \*NS2\*

Cust Item ID:

Customer:

Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Run Start \*NR1\*

Stop \*NR2\*

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

0.00

0.00

0.00

0.00

0.00

0.00

14/04/13

20 0

DAS  
14  
9-89

DAS  
44  
9-89

14/04/14

20 0

CL 14/04/15

N/A

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

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Doc/Data									
Equip/Tooling									
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Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

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Required Date: 12/19/13 Req'd Qty: 20.00 \*20\*

Reference:

Approvals: Process Plan: Date:

QC: Date:

Sequence ID/  
Work Center ID

Operation  
Description

140

Outsource process-Anodize per QSI017 4.1.10.1

\*140\*

Outsource4

Outsource process - Anodize

Memo

Issue P/O to ATG : 238/3

1- Black Anodize as per Dwg 646.3300

2- PRIME AS PER DWG, SEE NOTE #2

Certification of Comformity is required

150

Receive & Inspect for Damage & Mat'l Certs

\*150\*

Packaging

Packaging

Memo

155

QC5- Inspect part completeness to step on W/O

\*155\*

QC

Quality Control

Memo

\*109917\*

Page 3

Accept

\*N900040100\*

Setup Start \*NS1\*

Stop \*NS2\*

Cust Item ID:

Customer:

Run Start \*NR1\*

Stop \*NR2\*

Tooling:

Date:

SPC (Y/N):

Date:

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

0.00

0.00

0.00

0.00

0.00

0.00

DAS  
27  
9-89

4/4/25

CZ 14/10/13 20

4/4/15 20

20

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

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Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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# Work Order ID 109917

December-05-13 2:36:05 PM

**\*109917\***

Page 4

Item ID: 646.3313

Revision ID:

Item Name: Upper Guide

Start Date: 12/05/13 Start Qty: 20.00 **\*20\***

Required Date: 12/19/13 Req'd Qty: 20.00 **\*20\***

Reference:

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Stop **\*NS2\***

Cust Item ID:

Customer:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_

QC: \_\_\_\_\_ Date: \_\_\_\_\_

Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

Stop **\*NR2\***

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

180

Identify as per dwg & Stock Location: HA

0.00

**\*180\***

Packaging

Memo

0.00

Packaging

\*\*\*IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV\*\*\*

26 SAD 14/07/08

190

QC21- Final Inspection - Work Order Release

0.00

**\*190\***

QC

Memo

0.00

Quality Control

MLJ 14-05-08

14-05-08

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

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Handling/Pre									
Material									
Operator									
Offset/Setup									
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Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

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# Picklist Print

December-05-13 2:36:08 PM

Page 1

Work Order ID: 109917

\*109917\*

Parent Item: 646.3313

\*646.3313\*

Parent Item Name: Upper Guide

Start Date: 12/05/13

Required Date: 12/19/13

Start Qty: 20.00

Required Qty: 20.00

Comments: IPP REV:A NEW ISSUE 12/11/14 JFS VERIFY BY: JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M7075T6B5.000X0.375		Purchased		No		100	f	25.3280	0.563	12			

\*M7075T6B5 000X0 375\*

\*\*

7075-T6 BAR 5.000" X 0.375"

Location

Loc Qty

Loc Code

MAT049

25.328

123218

3.684

m126615

9.644

m127614

12

M128502 X 12

DAS  
14  
9-89

14/04/09

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

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Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
--	--	---	--

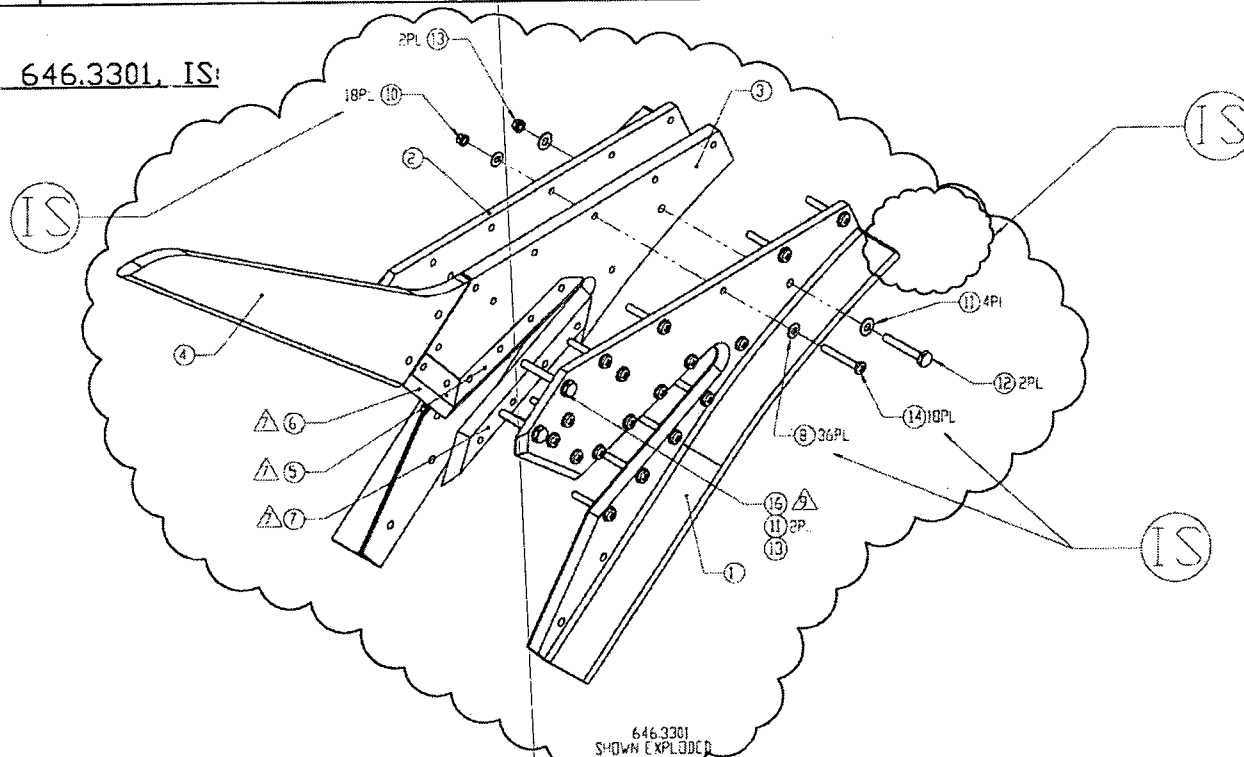


APICAL  
INDUSTRIES, INC.

ENGINEERING CHANGE NOTICL NO. 02196		SHEET 1 OF 2	
DWG NO. 646.3300	REV: N/C	PREPARED BY S. HUFF	DATE: 01/05/09
DWG TITLE: UPPER CUTTER ASSY		EFFECT ON DWG <input type="checkbox"/> INC. <input checked="" type="checkbox"/> UNINC.	
APPROVED BY: ENGR <i>[Signature]</i>	MFG <i>[Signature]</i>	QC <i>[Signature]</i>	EFF: NEXT ORDER
REASON: REMOVED RIVETS IN FAVOR OF ADDITIONAL SCREWS			

TRANSACTION CODES (TC):  
A-ADD C-CREATE  
R-REVISE D-DELETE

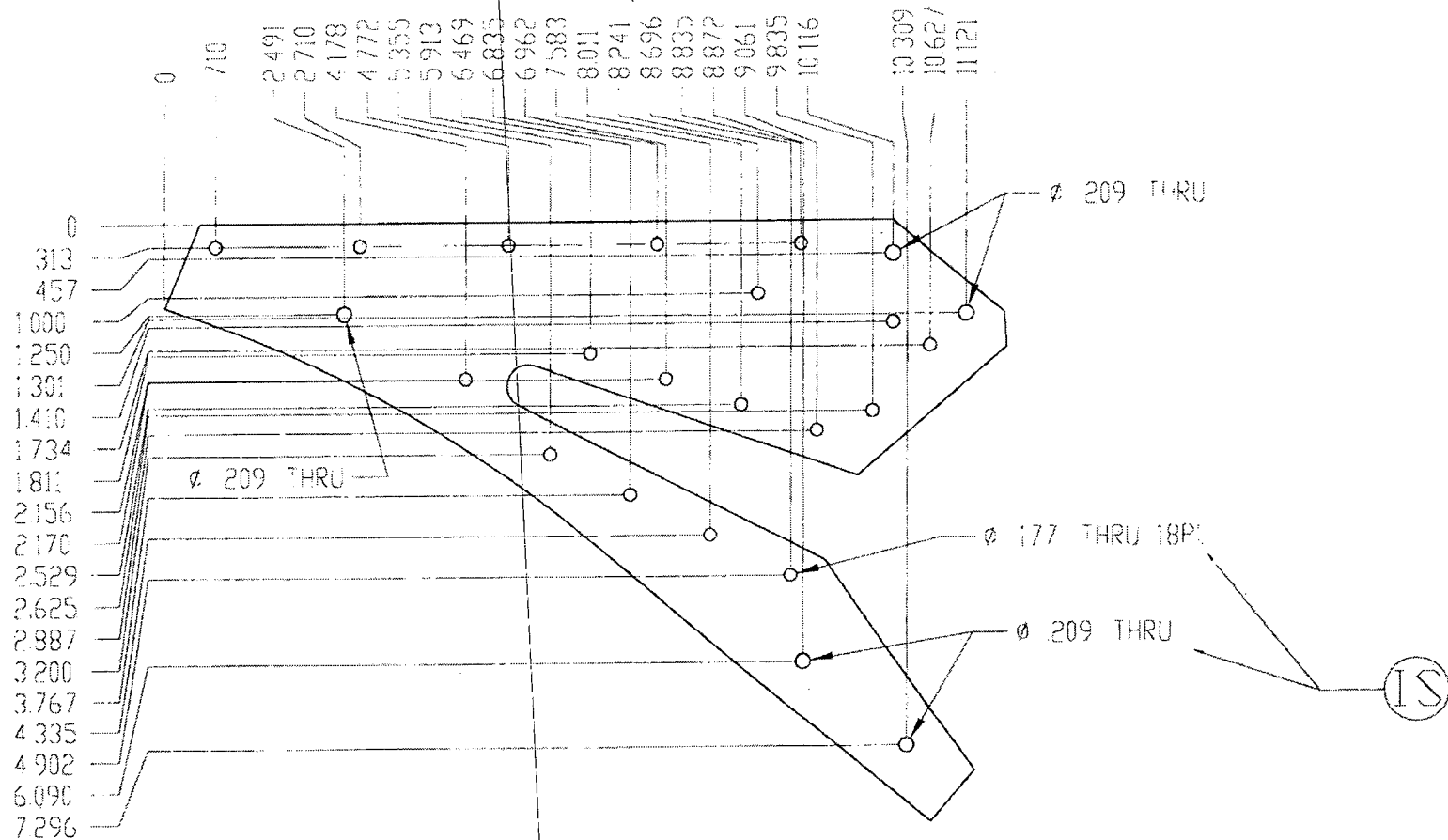
SHEET 1, VIEW 646.3301, IS:



109917MLS  
13-12-05

14	R	601.2765		18	SCREW	MS27039-0819
10	R	601.1541		18	LOCKNUT	MS21042L08
9	D	601.2766		3	RIVET	MS20470AD5-18
8	R	601.2764		36	WASHER	NAS1149FN832P
				.3301		
F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL/SPECIFICATION	
DOCUMENTS EFFECTED:						CHANGE CATEGORY
						DER REVIEW REQUIRED
						<input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR
						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

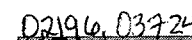
## SHEET 3, SECTION VIEW A-A, IS:



SECTION A-A

F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL/SPECIFICATION

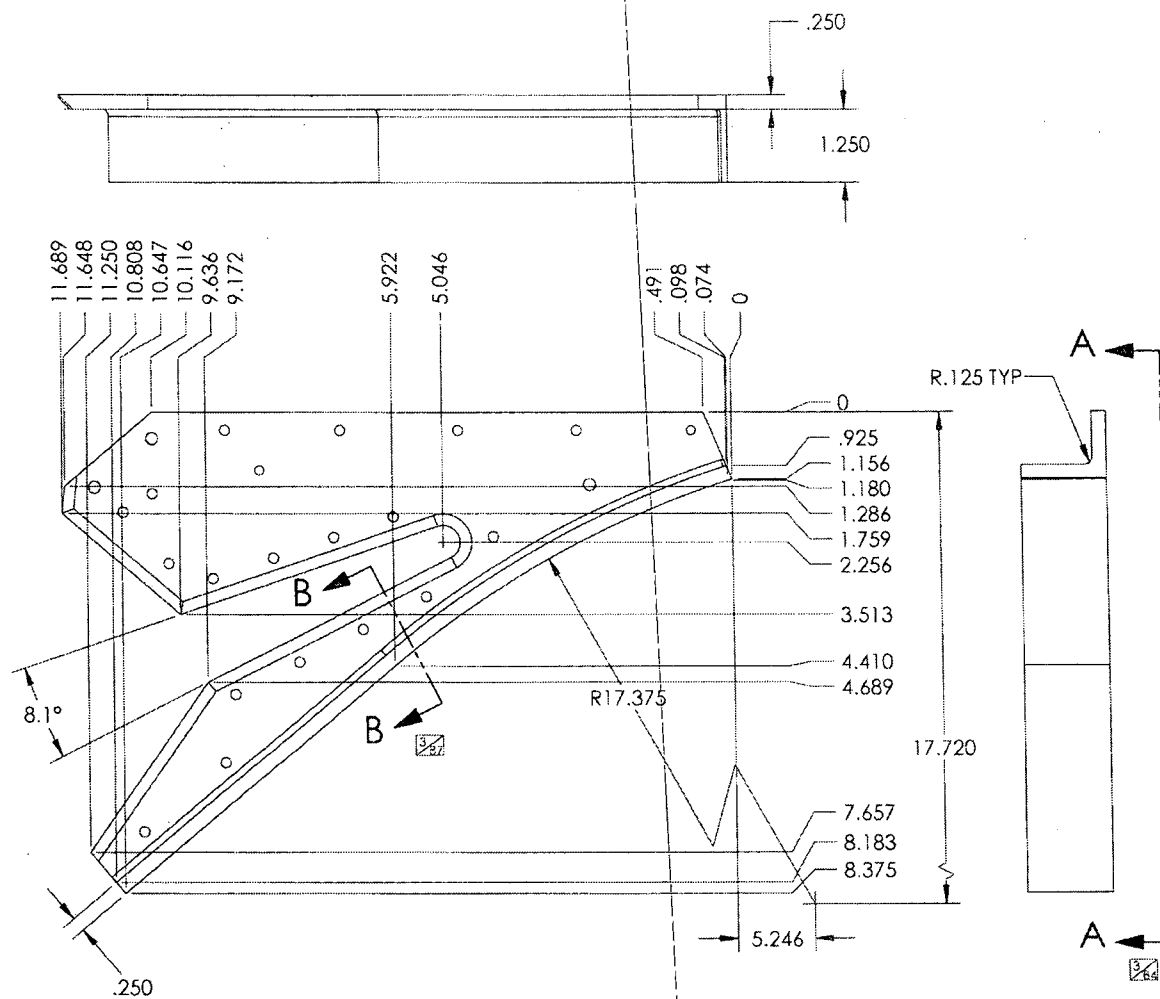
REVISED		DATE	APPROVED
114	(REVISION)		
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 9 INSTALL FASTENER FINGER-TIGHT

[illegible]

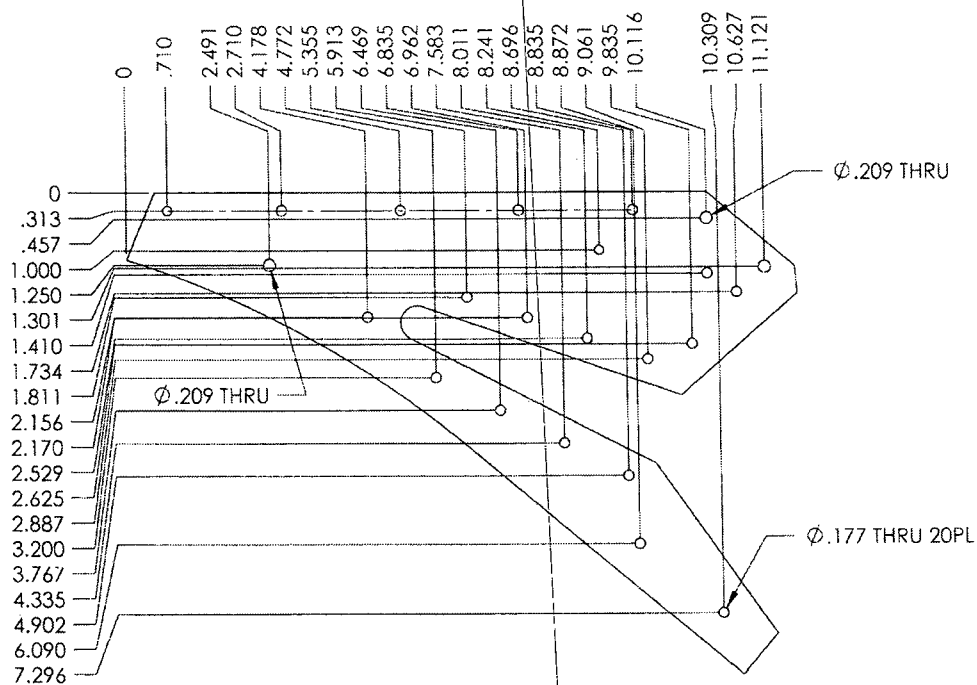
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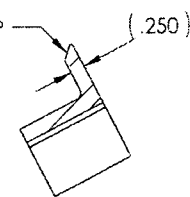
646.3310 SHOWN  
646.3311 OPPOSITE

ORIGINAL DATE (DD-MON-YY) 08-24-08	APICAL INDUSTRIES		
DRAWN BY: J. METER	2608 TEMPLE HEIGHTS DR.		
CHECKED BY: P. BRAVO	OCEANSIDE, CA. 92056-3512 (760) 724-5300		
DESIGNED BY: J. METER	UPPER CUTTER ASSY		
COMPANY: APICAL INDUSTRIES			
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES	SHEET CODE: B	DWG NO: 646.3300	REV: N/C
2 PLACE DECIMALS 1 DI 1 PLACE DECIMALS 1005 ANGLES 1/2°	SCALE: NONE	SHEET 2 OF 8	

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SECTION A-A



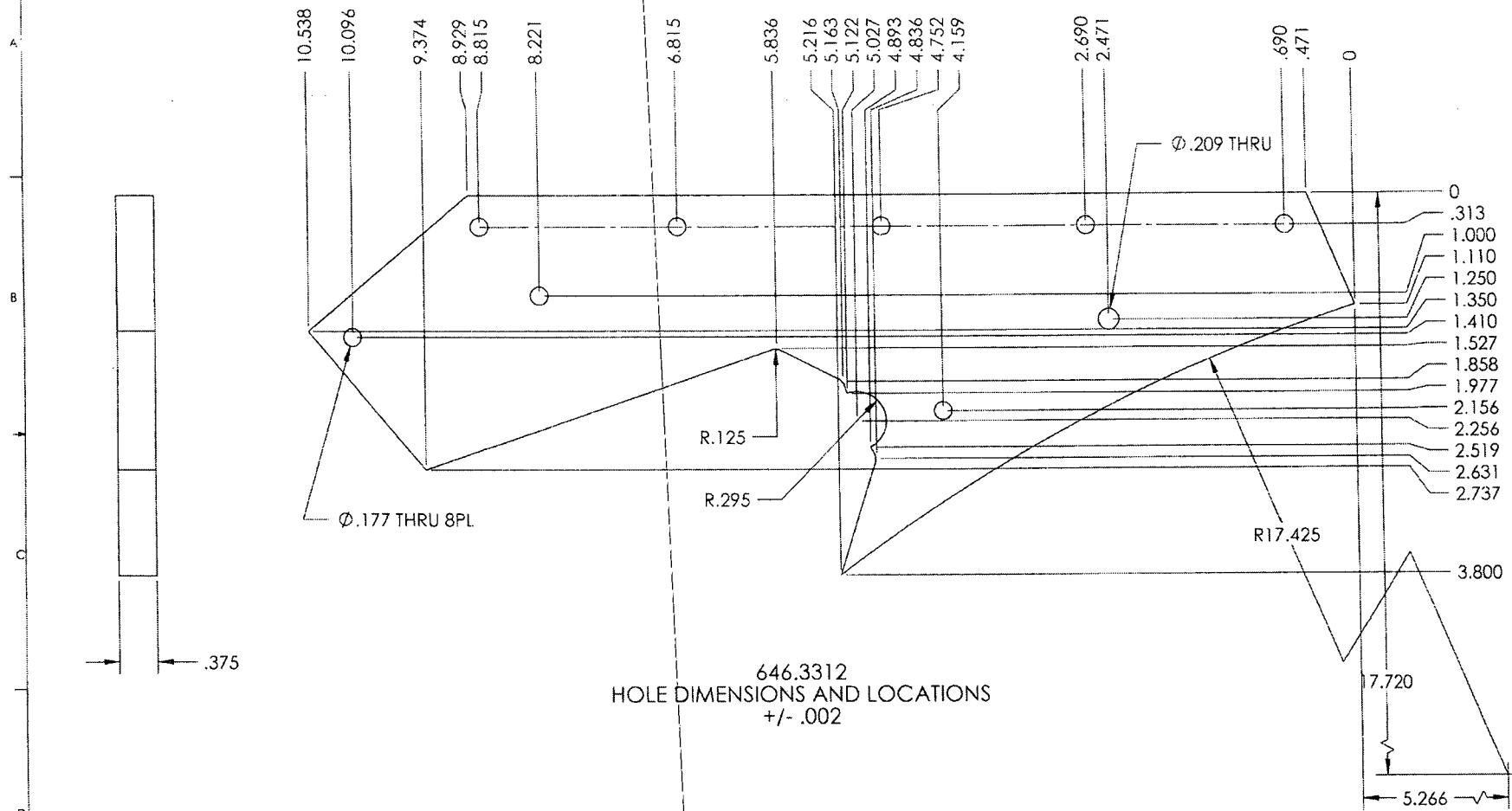
SECTION B-B

OPERATIONAL DATE		APICAL INDUSTRIES	
UNLESS OTHERWISE SPECIFIED		2608 TEMPLE HEIGHTS DR.	
DIMENSIONS ARE IN INCHES		OCEANSIDE, CA. 92056-3512 (760) 724-5300	
TOLERANCES ARE		UPPER CUTTER ASSY	
2 PLACE DECIMALS ±.01		SEE CAGE CODE	REV
3 PLACE DECIMALS ±.005		B 07M26	646.3300
ANGLES ±.5°		SCALE NONE	SHEET 3 OF 6



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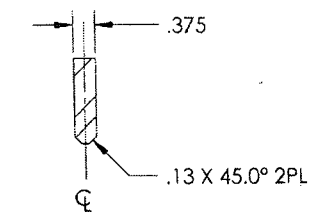
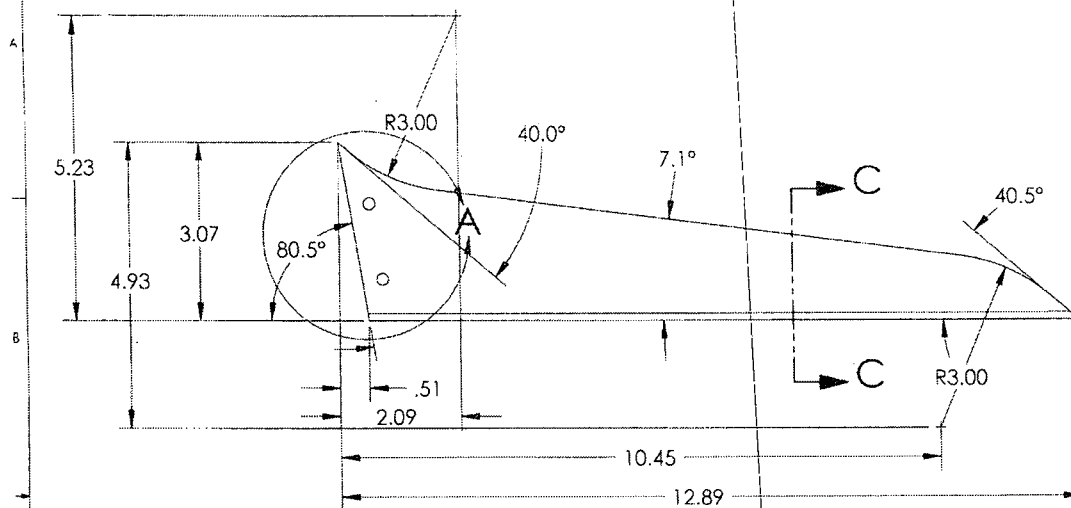
REV	DESCRIPTION	DATE	APPROVED



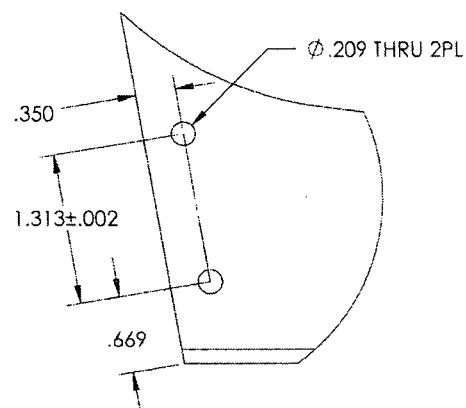
ORDER DATE: 06/24/08 DRAWN BY: J. WILSON CHECKED BY: J. WILSON DATE: 06/24/08 SCALE: NONE		APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760) 724-5300	
PART NO: 646.3312 QTY: 1 UNIT: EACH		UPPER CUTTER ASSY	
SHEET NO: 07M16 SCALE: NONE		DWG NO: 646.3300 SHEET: 4 OF 8	

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REV	DESCRIPTION	DATE	APPROVED



SECTION C-C



DETAIL A

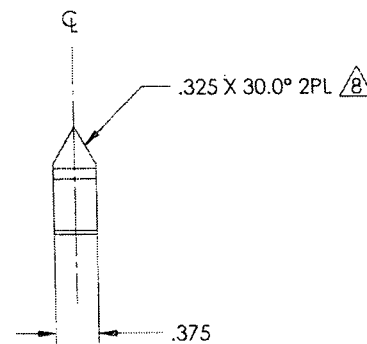
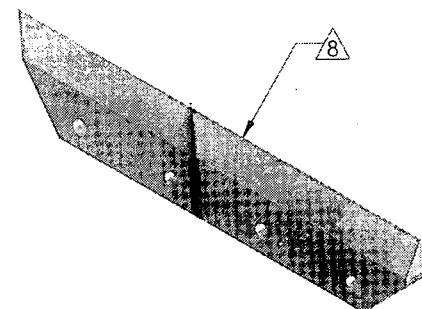
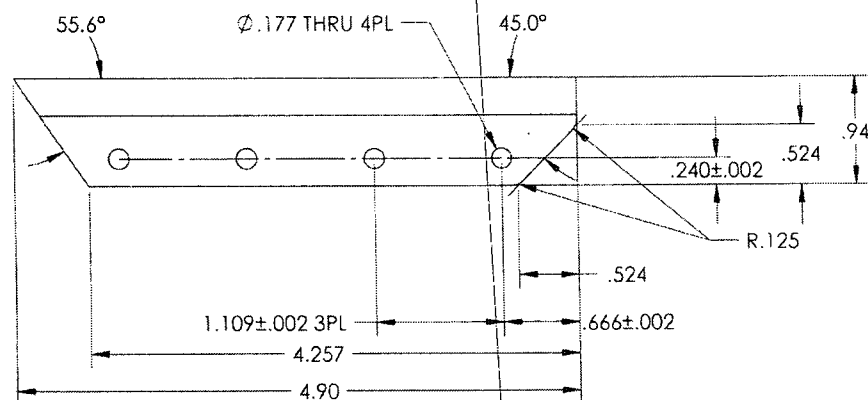


646.3313

ORIGINAL DATE MODIFIED DATE DRAWN BY CHECKED BY DESIGNED BY APPROVED BY CONTRACT NO.	<b>APICAL INDUSTRIES</b> 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300 <b>UPPER CUTTER ASSY</b>
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: 1. PLACE DECIMALS 1.01 2. PLACE DECIMALS 1.005 ANGLES 1° 30'	SEE CAGE CODE B 674426 DWG NO. <b>646.3300</b> SCALE NONE SHEET 5 OF 6

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THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED.

REVISIONS			
REV	DESCRIPTION	DATE	APPROVED

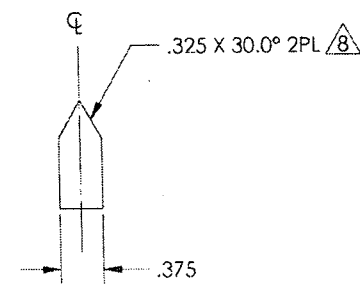
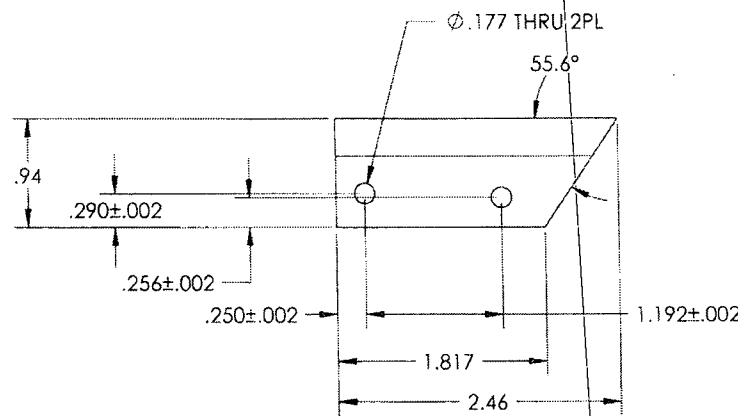
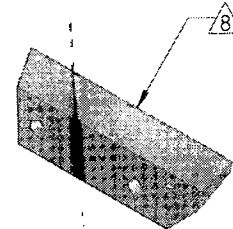


646.3314

ORIGINATOR DATE DRAWN BY CHECKED BY DESIGNED BY APPROVED BY DATE		<b>APICAL INDUSTRIES</b> 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760) 724-5300	
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES DECIMALS TO 3 PLACES FRACTIONS TO 16 PLACES		CAGE CODE B 07M26	QWG NO. 646.3300
SCALE NONE		SHEET 6 OF 8	P/N N/C

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REV	DESCRIPTION	DATE	APPROVED

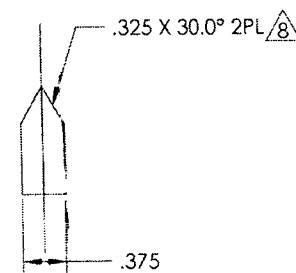
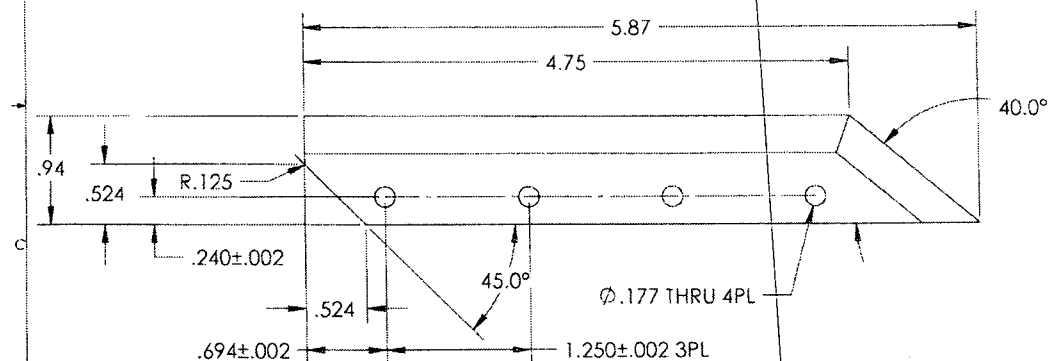
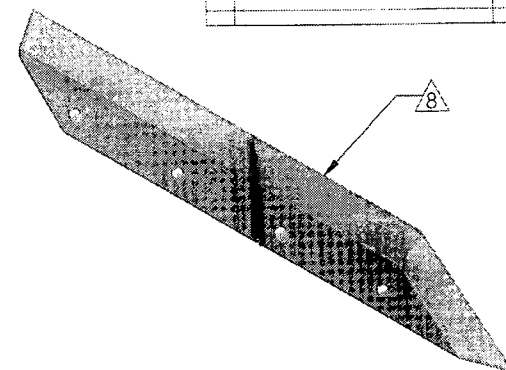


646.3315

APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760) 724-5300	
UPPER CUTTER ASSY	
SHEET NO. 07M76 SCALE NONE	PART NO. 646.3300 SHEET 7 OF 8

THE INFORMATION CONTAINED IN THIS DRAWING IS THE SOLE PROPERTY OF APICAL INDUSTRIES AND REPRODUCTION IN PART OR WHOLE WITHOUT THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED

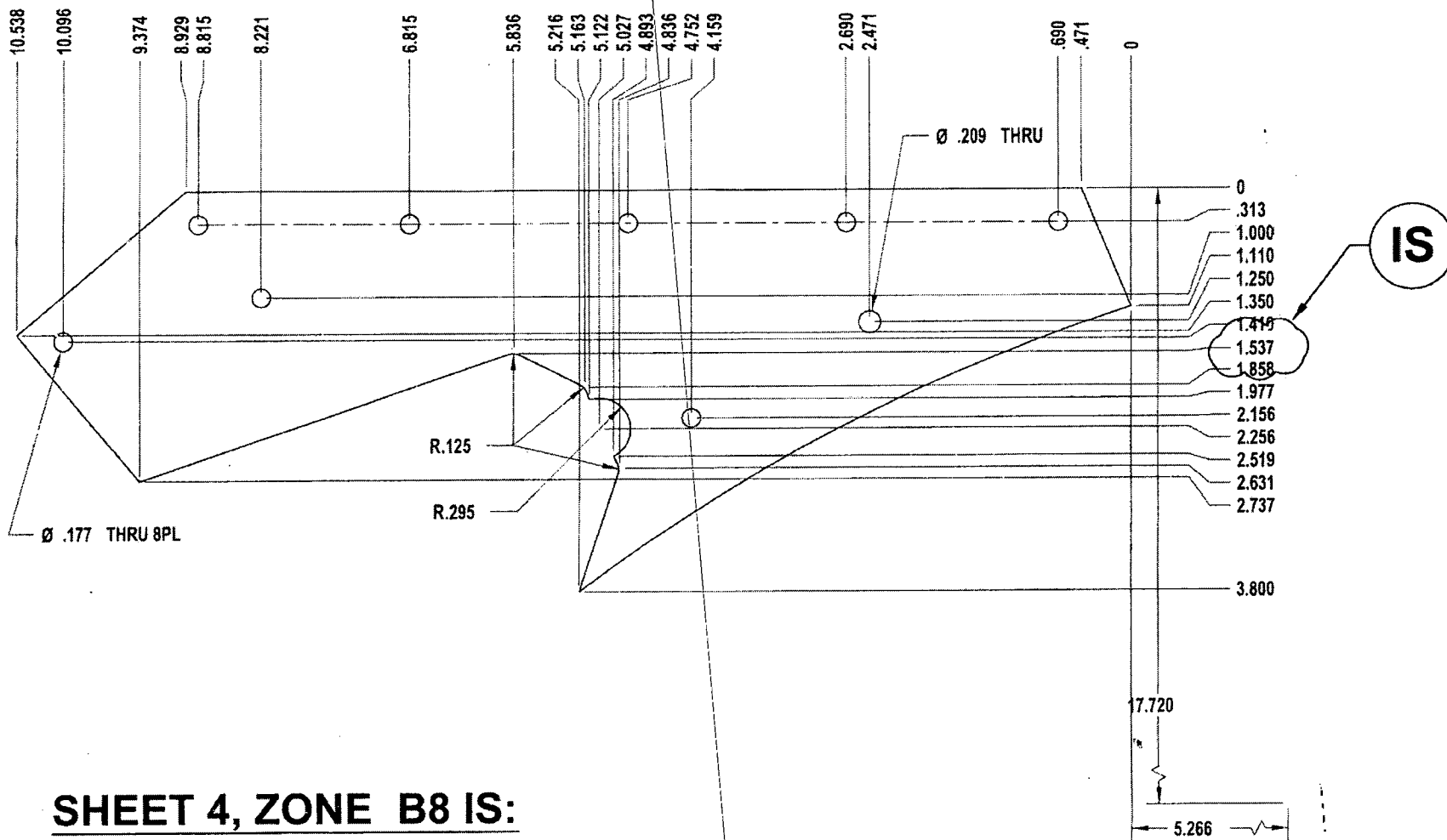
REVISIONS			
REV	DESCRIPTION	DATE	APPROVAL



646.3316

<b>APICAL INDUSTRIES</b> 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300	
<b>UPPER CUTTER ASSY</b>	
GENERAL DATE: 12-20-04 DESIGNED BY: J. HUGHES DRAWN BY: P. BRADY CHECKED BY: P. BRADY DATE: 12-20-04 SCALE: NONE	SHEET CODE: B DIMS: 07M20 PART NO: 646.3300 REV: N/C SHEET: 5 OF 5

APICAL INDUSTRIES, INC.	ENGINEERING CHANGE NOTICE NO. 03724				SHEET 1 OF 1	
	DWG NO. 646.3300	REV: N/C	PREPARED BY B. PETERS	DATE: 12/05/12	EFFECT ON DWG <input type="checkbox"/> INC. <input checked="" type="checkbox"/> UNINC.	
	DWG TITLE: UPPER CUTTER ASSY					
	APPROVED BY: ENGR <i>[Signature]</i>	MFG <i>[Signature]</i>	QC <i>[Signature]</i>	EFF: NEXT ORDER		
TRANSACTION CODES (TC) A-ADD C-CREATE R-REVISE D-DELETE	REASON: REVISED ORDINATE DIMENSION.				ECR: D-12-025	



**SHEET 4, ZONE B8 IS:**

DOCUMENTS EFFECTED:	<input type="checkbox"/> RFMS <input type="checkbox"/> MDL <input type="checkbox"/> INSTALL INSTRU <input type="checkbox"/> ICA <input type="checkbox"/> BOM	CHANGE CATEGORY <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR	DER REVIEW REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID **PO23813**

Purchase Order Date 4/15/2014

PO Print Date 4/25/2014

Page Number 1 of 6

**Order From :**

VC-ATG001

**Ship To :** DART AEROSPACE LTD

A.T.G. INDUSTRIES INC.  
731 INDUSTRIELLE ROAD  
ROCKLAND, ON K4K 1T2  
CANADA

1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**Contact Name**

**Vendor Phone**

613-446-4544

**Buyer**

**Customer POID**

**Customer Tax #** 10127-2607

**Terms** Net 30

**Currency** CAD

**FOB** FCA - (Free Carrier)

**Ship To Contact**

**Ship To Phone**

**Ship Via:** VENDOR'S TRUCK

**Ship Acct:**

Line Nbr	Reference Vendor Part Number Line Comments Delivery Comments	Description/ Mfg ID	Req Date/ Taxable Promise Date	CD	Req Qty/ Unit of Measure	PO Unit Price	Extended Price
1	109917	646.3313 UPPER GUIDE	5/7/2014 Yes 5/7/2014		20.00	\$13.10 /	\$262.00
FINISH: HARD BLACK ANODIZE AS PER IAW MIL-A-8625 TYPE III, CLASS 2 / PRIME AS PER IAW MIL-P-23377J TYPE 1 CLASS N							
Line Total:							\$262.00
2	113723	646.3810 BRACKET	5/7/2014 Yes 5/7/2014		6.00	\$6.55 /	\$39.30
FINISH: HARD BLACK ANODIZE AS PER IAW MIL-A-8625 TYPE III, CLASS 2 / PRIME AS PER IAW MIL-P-23377J TYPE 1 CLASS N							
Line Total:							\$39.30
3	112954	646.3810 BRACKET	5/7/2014 Yes 5/7/2014		5.00	\$6.55 /	\$32.75
FINISH: HARD BLACK ANODIZE AS PER IAW MIL-A-8625 TYPE III, CLASS 2 / PRIME AS PER IAW MIL-P-23377J TYPE 1 CLASS N							

Note:

4/25/2014



A.T.G. Industries Inc.  
731, rue Industrielle Rd.  
PLATING DEPARTMENT  
Rockland, On K4K 1T2  
Canada  
Ph: (613) 446-4544  
Fax: (613) 446-4556

### Pack List

Number: 63000

Date: 24-Apr-14

#### To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

#### Ship To


DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via	
Quantity	Description		
1 lot	Part: ASST Rev:		
	<del>20 PCS 646.3313 (13.10)</del> 11 PCS 646.3810 (6.55) 10 PCS 646.3812 (6.10) 16 PCS 646.3813 (6.10) 12 PCS 646.9811 (32.60) 10 PCS 646.9812 (18.15) 4 PCS 647.9410 (10.70) 8 PCS 647.9411 (24.50)  HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2  PRIME MIL-P-23377J TYPE I CLASS N  3 PCS D2224 (2.00) RED ANODIZE MIL-A-8625 TYPE II CLASS 2  PRICE IS PER PIECE Job: 20140236 PO: 23813 Line:		
<p align="center">Certificate of Conformance</p> <p>A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.</p> <p align="center">ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY</p> <p>DATE: <u>24/4/14</u></p> <p>CERTIFIED SIGNATURE: <u></u></p> <p>RECEIVER SIGNATURE: _____</p>			



